



CHECKLIST FOR:

Lake County

Wastewater Treatment System Permit Application

This checklist is to assure your application is complete so it can be processed promptly. Please use the check boxes next to each item. You will be notified within 5 working days if any key elements are missing. Be reminded that additional information may be required as the application goes through the review process. Examples include but are not limited to: easement, deed restriction, shared user agreement, property line staking, etc.

Submit this checklist, application, wastewater system design, and fee to:

Lake County Environmental Health
106 Fourth Avenue East
Polson, MT 59860

Phone: 406-883-7236
Fax: 406-883-7205
Email: envhealth@lakemt.gov

Please check that you have completed the following:

- ☐ Check payable to Lake County Environmental Health Department (L.C.E.H)
- ☐ Property owner information
- ☐ Wastewater Treatment System Designer/Licensed Installer contact information
- ☐ If agent signs the application for owner, include the Agent Certification Form
- ☐ Property legal description
- ☐ Location map or directions to assist staff in finding the property
- ☐ Project description
- ☐ Floor plan for each level of each structure with living quarters – Label rooms, e.g. bedroom, kitchen
- ☐ Site Plan that includes the following: (include any/all depending upon the nature of your request)
 - ☐ Scale – for example 1 inch = 2 feet
 - ☐ North directional arrow
 - ☐ Property lines
 - ☐ All existing & proposed structures
 - ☐ Driveways & parking areas
 - ☐ Utility lines
 - ☐ Any existing wastewater treatment system
 - ☐ Proposed wastewater treatment system
 - ☐ All existing or proposed wells, developed springs, or cisterns and water lines
 - ☐ All streams, lakes, springs, ponds, wetlands, irrigation ditches and/or other surface water within 100' of property lines
- ☐ Wastewater Treatment System Design, in compliance with DEQ Circular 4 – Montana Standards for Subsurface Wastewater Treatment Systems, that includes the following:
 - ☐ Soil profile information
 - ☐ Percolation test results, if required
 - ☐ Ground water monitoring results, if required
 - ☐ Design Flow
 - ☐ Sewer line specifications
 - ☐ Septic tank/risers/effluent filter specifications
 - ☐ Effluent distribution system
 - ☐ Dosing and Pressure Distribution specifications
 - ☐ Soil absorption system including application rate
 - ☐ Compliance with MCA 75-5 Montana Water Quality Act, including but not limited to non-significance determination, background nitrate test, well pump test, or well triangulation

See the Lake County Environmental Health Department webpage for regulations and other information:
www.lakemt.gov/envhealth



LAKE COUNTY WASTEWATER TREATMENT SYSTEM PERMIT APPLICATION

PERMIT # _____ CHECK # _____ APPLICATION DATE: _____

LAKE COUNTY ENVIRONMENTAL HEALTH
106 FOURTH AVENUE EAST
POLSON, MT 59860

PH: 406-883-7236
FAX: 406-883-7205
EMAIL: envhealth@lakemt.gov

Return the completed application with the appropriate fee to the above address.
Checks must be made payable to L.C.E.H.

☐

\$300.00 Installation

☐

\$200.00 Alteration
New Components

☐

\$100.00 Alteration
No New Components

Property Owner(s): _____ Phone: _____

Mailing Address: _____ City: _____ State/Zip: _____

Property Address: _____ City: _____ Email: _____

Subdivision/COS: _____ Lot: _____ Block _____ Parcel Size _____

Legal Description: _____ Section: _____ Township: _____ N. Range: _____ W.

Geo Code: 15 - _____ - _____ - _____ - _____ - _____ - _____

Wastewater System Designer: _____ Phone: _____

Mailing Address: _____ City: _____ State/Zip: _____

Licensed Installer: _____ Phone: _____

Mailing Address: _____ City: _____ State/Zip: _____

Wastewater System proposed: **(Circle all that apply)** New Replacement Failed Alteration

Structure(s): **(Circle)** Single-Family Multi-Family Mobile Home Commercial Garage/Shop Other

Bedroom #: _____ Basement: **(Circle)** Yes No

Water System: **(Circle)** Existing Proposed **(Circle)** Well Lake Spring Community Water System

Water Softener/Treatment Unit(s) in use or proposing to install: **(Circle)** Yes No

Detailed Project Description: (e.g. "Construction of a new 3-bedroom single-family home with a dry garage.")

I hereby declare that the information submitted herein is true and complete to the best of my knowledge. I understand that an Installation Permit must be issued before any system components are installed unless otherwise authorized by a Lake County Registered Sanitarian. I also understand that a final inspection and authorized approval of the system must be conducted by Lake County Environmental Health prior to back filling and use of the system. For Alteration: I acknowledge that, if I am increasing wastewater flow or strength to an existing wastewater treatment system, it may cause the system to fail prematurely. I also understand that because of the additional flow or strength of wastewater, the septic tank should be checked a minimum of every three (3) years and pumped if necessary.

My signature also authorizes access to the described property for purposes of reviewing this application.

Property Owner(s)/Agent Signature(s): _____ Date: _____

If agent, written authorization from the owner and/or legal representative must be received by this department before the application can be processed.

Please attach additional information that may support your application.

Location Information: Draw a road map or write directions to the property. Include any landmarks, road names, branch roads, distance mile markers, neighbors to the north and south, building colors/features, etc.

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OFFICE USE ONLY

Documents Required: **(Circle)** Level II Guest House Easement Shared Affidavit Other

Document Notes: _____

Sanitation Approval: **(Circle)** Required Not Required Completed ES# _____

Design Flow - Number of Bedrooms: _____ Gallons Per Day: _____

Soil Type: _____ Septic Tank: _____

Application Rate: _____ Other: _____

Level II System Required? Y or N If yes, explain: _____

Other septic permits related to this parcel: _____

Sanitation Approval:

Planning Approval:

Planner Initials: _____

Signature of Registered Sanitarian

Date of Issue

Permit #

THE DESIGN, LOCATION, & ORIENTATION OF THE DRAINFIELD MAY NOT BE ALTERED
WITHOUT PRIOR APPROVAL FROM LAKE COUNTY ENVIRONMENTAL HEALTH.
APPROVED PERMIT IS INVALID IF SYSTEM IS NOT INSTALLED WITHIN TWENTY-FOUR MONTHS OF ISSUANCE.

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**A copy of this completed form will be accepted to initiate application review. However, this document with original signatures must be provided before the permit will be issued. Return to either department: FAX 406-883-7205, planning@lakemt.gov, envhealth@lakemt.gov, or 106 4th Avenue East, Polson MT 59860*